

## SAMPLE LETTER – PERSONS ELIGIBLE FOR MEDICARE

DATE

NAME

ADDRESS

CITY STATE ZIP

Dear NAME:

Our records indicate that you or your dependent is eligible for Medicare. This means that, since coverage is not due to active employment, Medicare should be the primary payer of health benefit claims for any Medicare-eligible participant, and the state health insurance plan must be changed to one that coordinates with Medicare. **It is important that you give this matter your immediate attention.** Please contact VRS if you have any questions after reviewing the enclosed information.

The State Retiree Health Benefits Program offers four plan options to those eligible for Medicare. The plans are listed below:

Advantage 65	State plan that supplements the benefits of Medicare. This plan includes medical coverage administered by Anthem Blue Cross and Blue Shield (BCBS) and prescription drug coverage administered by MEDCO.
Advantage 65 with Dental/Vision	Adds dental and vision benefits to Advantage 65. This plan includes medical and dental/vision coverage administered by Anthem BCBS and prescription drug coverage administered by MEDCO
Advantage 65 Medical Only	State plan that supplements Medicare. This plan does NOT include prescription drugs. Medical coverage is administered by Anthem BCBS.
Advantage 65 Medical Only with Dental/Vision	Adds dental and vision benefits to Advantage 65 Medical Only. This plan does NOT include prescription drugs. The medical and dental/vision coverage is administered by Anthem BCBS.

If you select either Advantage 65 Medical Only or Advantage 65 Medical Only with Dental/Vision, you will **not** have another opportunity to add the state-sponsored prescription coverage to your plan.

Unless you have a COVA Care plan with family membership (covering you and two or more family members), your coverage will automatically change to Advantage 65 effective DATE. New plan ID cards (one for medical coverage and one for prescription drug coverage) will be sent to you and your monthly premium payment will be adjusted accordingly. Medicare will become the primary payer for all Medicare eligible participants. If you are in COVA Care family coverage, your plan will not change but Medicare will still become your primary coverage.

If you have not already enrolled in Medicare Part A and Part B, you should contact your Social Security office immediately. Without Medicare Part A and Part B, you may lose valuable benefits because Advantage 65 will not pay for services that are ordinarily covered by Medicare. As an Advantage 65 participant with drug coverage, you will automatically be enrolled in Medicare Part D through the State Program. You should also provide a copy of your Medicare ID card for our files.

If the effective date of your Medicare coverage is prior to the effective date of your move to Medicare-coordinating coverage, primary claim payments made in error will be retracted back to the latest of either the beginning of the year prior to the current year, the date of Medicare eligibility, or the date that retiree group coverage began. This may require you to ask the affected health plan providers to file these claims for Medicare coverage.

If you prefer not to enroll in the state Medicare supplemental coverage or if you wish to enroll in Advantage 65 with Dental/Vision, Advantage 65 Medical Only, or Advantage 65 Medical Only with Dental/Vision, you must complete and return the enclosed enrollment form by DATE. If you are in COVA Care family coverage and wish to elect separate coverage for your Medicare and non-Medicare family members, you must also complete and return the enclosed form by DATE. We encourage you to consider your options carefully. For your convenience, we have included the current retiree rates for Commonwealth of Virginia participants.

If you require further assistance, please contact this office.

Sincerely,

AGY BA NAME

Enclosure